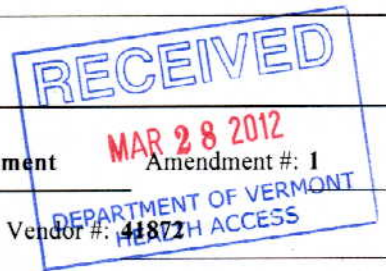


# DVHA Routing Form



Type of Agreement: **Grant** Agreement #: **03410-6116-12** Form of Agreement: **Amendment** Amendment #: **1**  
 Name of Recipient: **Rutland Regional Medical Center** Vendor #: **41872**  
 Agreement Manager: **Jason Elledge** Phone #: **802-879-5946**

Brief Explanation of Agreement: **Addition of Tobacco Cessation program training to the Blueprint HSA agreement for Rutland to be funded through VDH Tobacco funds. Additional funding (ARRA) provided for Healthier Living Workshop radio ads. INCREASE IN FACILITATOR TRAVEL ALLOWANCE FOR ADDED MEETINGS.**

Start Date: **10/1/2011** End Date: **09/30/2012** Maximum Amount: **\$213,449.00**

Amendments Only: Maximum Prior Amount: **\$208,220.00** Percentage of Change: **2.51%**

Bid Process (Contracts Only): ☐ Standard ☐ Simplified ☐ Sole Source ☐ Statutory ☐ Master Contract SOW

## Funding Source

Global Commitment 93.778	\$203,949.00	Special: Settlement	\$1,000.00
Special: HIT	\$5,000.00		
Special: Federal	\$3,500.00		

## Contents of Attached Packet

- ☐ AA-14 ☒ Attachments A, B, C & F ☐ Attachment G - Academic Research  
☐ Sole Source Memo ☐ Attachment D - Modifications to C & F ☐ MOU  
☐ Qualitative/Justification Memo ☐ Attachment E - Business Associate Agreement ☒ Other: **Attachment H - Report Form**

Reviewer	Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	Kate Jones	3/21	3/21
DVHA BO	Jill Gould	3-21-12	3-21-12
DVHA Commissioner	Mark Larson	4-6-12	4-6-12
AHS Attorney General	Seth Steinzor		3/23/12
Following Approvals for Contracts Only:			
AHS CIO			
AHS Central Office			
AHS Secretary			

Vision Account Codes: **\$203,949.00: 341001/20405/550500/41628**  
**\$5,000: 341001/21916/550500/41470**  
**\$3,500: 341001/21500/550500/41470**

Initials & Date

☐ Subrecipient Module Entry

☐ FFATA Entry

Vision PO #:

**3641**

*okay  
yes  
4/20/12*



1. **Parties:** This is an Amendment for Grant #03410-6116-12 for services between the State of Vermont, Department of Vermont Health Access, (hereinafter called "State"), and Rutland Regional Medical Center, (hereinafter called "Grantee"). This is the first change.
2. **Reason for Amendment:** The reason for this Amendment is addition of Tobacco Cessation program training to the Blueprint HSA agreement for Rutland to be funded through VDH Tobacco funds. Additional funding (ARRA) provided for Healthier Living Workshop radio ads.
3. **Delete:** By deleting on pages 1 of 28, Section 3 "Maximum Amount" and its contents, and substituting in lieu of thereof the following Section 3:

**Maximum Amount:** In consideration of services to be performed by the Grantee, the State agrees to pay the Grantee, per payment provisions specified in Attachment B, a sum not to exceed \$213,449.

By deleting on pages 1 of 28, Section 5 "Source of Funds" and its contents, and substituting in lieu of thereof the following Section 5:

**Source of Funds:**

GC	\$ 203,949	Special: HIT	\$5,000	Settlement	\$1,000
				Federal	\$3,500

4. By adding on page 13 of 28, the following section to "Attachment A" under Section G under Healthier Living Workshops:
  - Grantee will work with a committee to develop radio advertisements for Healthier Living Workshops to be placed. Grantee will place radio advertisements prior to September 30, 2012 on representative stations to cover the southeastern region of the state (Middlebury, Rutland & Bennington HSAs).

By adding on page 13 of 28, the following section to Attachment A towards the bottom of the page:

#### **I. Tobacco Cessation Training**

Grantee will ensure adequate faculty to facilitate tobacco treatment through the community-based self-management programs and the community health team. The Grantee will identify individuals to be trained to facilitate tobacco treatment. Individuals to be trained will be approved by the State. Levels of training may include:

- Level 1 - Basic Skills - Offered through the University of Massachusetts Medical School. An 8 hour, self directed on-line learning experience that will provide participant with the basic knowledge of tobacco cessation and knowledge about what treatments are available to treat tobacco dependence.
- Level 2 – Group Tobacco Cessation Curriculum – One day training on facilitating group tobacco cessation classes.
- Level 3 - Tobacco Treatment Specialist - Offered through the University of Massachusetts. A four day class prepares participants with the skills needed to offer individual tobacco



dependence treatment. Participants must be willing to attend the four day training and go through the certification program to become a Certified Tobacco Treatment Specialist.

**By adding on page 16 of 28, the following passage to Attachment B (Payment Provisions) immediately preceding the "Incentives" heading:**

**Tobacco Training**

The Grantee may invoice the State for tobacco training up to \$1,000.

For level 1 Basic Training, the Grantee may invoice the State upon completion of the training at a rate of \$125 per person for up to 6 people.

The Grantee may invoice the State for tobacco treatment specialist certification up to \$250. Upon receipt of certification, the grantee may invoice the state at a rate of \$250 per certified person for up to 1 person.

**Facilitator Travel**

The Grantee may invoice the State up to 140 miles roundtrip for travel to and from in-person meetings of Blueprint facilitators in Williston at the rate of \$0.51/mile not to exceed \$1,820 during the grant period.

The Grantee may invoice the State up to 110 miles roundtrip for travel to and from in-person meetings to the Springfield and Gifford HSA meetings at the rate of \$0.51/mile not to exceed \$729 during the grant period.

**HLW Radio Advertisements**

Upon execution of this grant, the Grantee will invoice the State for \$3,500 to cover actual expense to place radio advertisements for the Healthier Living Workshops for the southeastern part of the state.

5. By deleting the budget table on page 17 of 28, under Approved Budget in Attachment B, and substituting in lieu of thereof the following budget table:

**Approved Budget**

Project Management	\$40,000
HIT Data Entry	\$5,000
Self-Management Programs	\$73,400
Practice Facilitation	\$80,000
Tobacco Cessation Trainings	\$1,000
HLW Radio Ads	\$3,500
Facilitator Travel Costs: 140 miles at state mileage rate X 26 meetings plus 110 miles at state mileage rate X 13 meetings	\$2,549



Program Budget Total	\$205,449
HLW Incentive	\$1,500
Tobacco Cessation Incentive	\$1,500
QI Activity [optional]	\$5,000
Potential Incentives Total	8,000
<b>Total</b>	<b>\$213,449</b>

6. **Amendment:** All other terms and conditions of the original grant remain in full force and effect. No other changes, modifications, or amendments in the terms and conditions of this grant shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of the State and Grantee.

**WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS GRANT.**

**STATE OF VERMONT**

By: 

**Mark Larson, Commissioner**

**AHS/DVHA**

Date: 4.6.12

**GRANTEE**

By: 

**Thomas W. Huebner, CEO**

**Rutland Regional Medical Center**

Date: 3/29/12